Case 18-15513 Doc 1 Filed 05/30/18 Entered 05/30/18 11:29:36 Document Page 1 of 59 ill in this information to identify your case: UNITED STATES BANKRUPTCY COURT United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Northern District of Illinois MAY 30 2018 Case number (If known): Chapter you are filing under: Chapter 7 JEFFREY P. ALLSTEADT, CLERK Chapter 11 Chapter 12 INTAKE Check if this is an Chapter 13 amended filing Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/17 The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your government-issued picture identification (for example, First name your driver's license or passport). Middle name Bring your picture identification to your meeting Last name with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 years First name Include your married or maiden names. Middle name Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - 52 0

(ITIN)

your Social Security number or federal Individual Taxpayer Identification number

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9 xx - xx -_____

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Debtor 1

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| : | About Debtor 1: | And the professional tradition of the finite process of the finite |
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| | | About Debtor 2 (Spanner Debtor |
| 4. Any business name | s/ | About Debtor 2 (Spouse Only in a Joint Case |
| and Employer Identification Number | Manage 1 | |
| (EIN) YOU have used | ers in | ! have not used any business names or EINs |
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| Where you live | | 12 中心 10 |
| | Oblite all a | If Debtor 2 lives at a different address: |
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| | Lea Elan | Number Street |
| | PIODE | |
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| | city 1040 1 WD99 | |
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| | County | State ZIP Code |
| | | County |
| | If your mailing address is different from the one above, fill it in here. Note that the second the one | If Dobton at |
| | above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | doutess, | any notices to this mailing address. |
| | Number Street | |
| | Number Street | Number Street |
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| y you are choosing | Check one: | the first the first the profession of the constitution of the first the firs |
| s district to file for | | Check one: |
| ···· wp.tcy | Over the last 180 days before filing this petition, | į. |
| | I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | D I bours on | other district. |
| | I lave another research | |
| | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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| The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptey (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |
|---|--|
| | Chapter 11 |
| | ☐ Chapter 12 |
| | ☐ Chapter 13 |
| 8. How you will pay the | the control of the co |
| bankruptcy within the last 8 years? | Yes. District When MM / DD / YYYY District When MM / DD / YYYY Case number MM / DD / YYYY Case number MM / DD / YYYY Case number |
| Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor Relationship to you District When Case number, if known |
| | Debtor Relationship to you District When Case number, if known |
| o you rent your esidence? | □ No. Go to line 12. □ Yes. Has your landlord obtained an eviction judgment against you? □ No. Go to line 12. □ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition. |

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Debtor 1

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| of any full- or part-tir business? | 116 | | . Go to Part 4. s. Name and lo | cation of the | | | |
|---|--------|----------------|-----------------------------------|------------------------|--------------------|--|---|
| A sole proprietorship is a business you operate as a | | | or reality and to | cation of busin | ess | | |
| separate legal entity custs | | | Name of busine | ess, if any | | | |
| a corporation, partnership | , or | | Al. | ·· | | | |
| If you have more than one sole proprietorship, use a | | | Number Str | reet | | | |
| separate sheet and attach to this petition. | ít | | | | | | |
| | | | City | | | State | |
| | | | Charlette | | | | ZIP Code |
| | | i | Спеск тпе аррі | ropriate box to | describe your bu | siness: | |
| | | , | - Health Care | e Business (as | defined in 1111s | C 5 404 (0m | |
| | | • | - Origie Asse | it Real Estate (| as defined in 11 i | 100 0404 | |
| | | | - OURCHDIOKEI | (as defined in | 11 U.S.C. 8 101/ | £2.4.\\ | |
| | | <u></u> | Commodity | Broker (as defi | ned in 11 U.S.C. | § 101(6)) | |
| | | | None of the | above | | 3 101(0// | |
| 3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | any | of these | e documents d | o not exist, follo | ow the procedure | nether you are a sn a small business of flow statement, ar in 11 U.S.C. § 111 | nall business debtor so that it debtor, you must attach your id federal income tax return or if 6(1)(B). |
| For a definition of small business debtor, see | L N | lo. I ar | n not filing und | ler Chapter 11. | | | , ,,(=). |
| 11 U.S.C. § 101(51D). | □ N | o. I an the | n filing under C Bankruptcy Co | hapter 11, but ide. | I am NOT a smal | l business debtor a | according to the definition in |
| | ☐ Ye | s. Larr Ban | n filing under Cl | hapter 11 and | l am a small busir | less dobter | ing to the definition in the |
| | | | mapley Code, | | | reas depior accord | ing to the definition in the |
| Report if You Own | or Hav | e Any | Hazardous I | Property or | Any Brance - | _ | |
| Do you own or have any | | | | | Troperty 1 | hat Needs Imn | nediate Attention |
| property that posses or in | No | | | | | | |
| | ☐ Yes | . Wha | at is the hazard | !? | | | |
| ineded to pose a throat | | | | | | | |
| of imminent and dentifiable hazard to | | | | | | | |
| ineged to pose a threat if imminent and dentifiable hazard to ublic health or safety? | | | | | · | | |
| Integed to pose a threat of imminent and dentifiable hazard to public health or safety? Or do you own any roperty that needs | | | | - | | | |
| meged to pose a threat of imminent and dentifiable hazard to sublic health or safety? or do you own any roperty that needs mediate attention? | | lf imn | nediate attentic | on is needed, w | Vhv is it peeded? | | |
| integed to pose a threat of imminent and dentifiable hazard to sublic health or safety? Or do you own any property that needs neediate attention? Or example, do you own wrishable goods, or levitation at must be fed or a building. | | lf imr | nediate attentio | on is needed, v | vhy is it needed? | | |
| or example, do you own | | | | | why is it needed? | | |
| or example, do you own | | | nediate attention | | why is it needed? | | |
| or example, do you own exishable goods, or livestock at must be fed, or a building. | | | | y? | | | |
| or example, do you own exishable goods, or livestock at must be fed, or a building. | | | | y? | | | |
| alleged to pose a threat of imminent and identifiable hazard to bublic health or safety? Or do you own any property that needs mmediate attention? For example, do you own erishable goods, or livestock at must be fed, or a building at needs urgent repairs? | | | | y? | | | |

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Debtor 1

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First Name Middle Name Last Name

Pocument P

Last Name

Last Name

| Case number (if known) |
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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1 | |
|----------------|--|
|----------------|--|

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 - Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| | I am not required to receive a briefing about credit counseling because of: |
|--|---|
|--|---|

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability course.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing ab credit counseling because of: | out |
|---|-----|
|---|-----|

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Case number (if known) | |
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| 16. What kind of debts do you have? | 16a. Are your debts p | rimarily consumer debts? Consumer dividual primarily for a personal, family, or | debts are defined in 4444 a |
|---|---|---|--|
| you have? | No. Go to line 16 | b. | household purpose." |
| | 16b. Are your debts pr money for a business | imarily business debts? Business de or investment or through the operation of | bts are debts that you incurred to obtain |
| | ☐ No. Go to line 16c☐ Yes. Go to line 17. | i. | the business or investment. |
| Nitodo Burgoros III. | 16c. State the type of debts | s you owe that are not consumer debts or | business debts. |
| 17. Are you filing under Chapter 7? | ☐ No. I am not filing unde | Chapter 7 Go to Hoo 49 | and the second s |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | er Yes. I am filing under Ch administrative expe | napter 7. Do you estimate that after any ex inses are paid that funds will be available | empt property is excluded and to distribute to unsecured creditors? |
| 8. How many creditors do you estimate that you owe? | 1-49 50-99 100-199 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| How much do you estimate your liabilities to be? It 7: Sign Below | \$0,\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| r you | I have examined this petition, ar correct. | nd I declare under penalty of perjury that t | |
| | If I have chosen to file under Ch of title 11, United States Code. I under Chapter 7. | apter 7, I am aware that I may proceed, if understand the relief available under eacl | eligible, under Chapter 7, 11,12, or 13 o chapter, and I choose to proceed |
| t t | f no attorney represents me and his document, I have obtained a | I did not pay or agree to pay someone who read the notice required by 11 the some | no is not an attorney to help me fill out |
| 1 W 1 | understand making p false state with a parkruptcy case oan result 8 U.S.C. \$§ 152, 1341/1519, an | th the chapter of title 11, United States Codement, concealing property, or obtaining materials in fines up to \$250,000, or imprisonment and 3571. | le, specified in this petition. oney or property by fraud in connection for up to 20 years, or both. |
| 3 | Signature of Debtor 1 | * | |
| | Executed on | Signature of | Debtor 2 |
| | | Executed on | |

MM / DD /YYYY

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Debtor 1

First Name Case number (it known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Date | | | | | |
|---------------|---------|---------------|---------------------|-------------------------|--------------------------------|
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Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
Pyes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No
Pyes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

Yes. Name of Person
Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By arging here, I acknowledge that I understand the risks involved in filling without an attorney. I have read and understood this notice, and I am aware that filling a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Signature of Debtor 1

Signature of Debtor 2

Cell phone

MM / DD / YYYY

Contact phone

Cell phone Email address

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

| In Re: | | |
|------------|---|----------|
| |) | |
| |) | |
| |) | |
| Debtor (s) | , | Case No. |
| |) | Chapter |
| |) | J |
| |) | |

List of Creditors

| Hope Communitycredit Union | |
|---------------------------------|--|
| heeslee federal Credit Union | |
| American Credit Acceptance | |
| Lichtman Eisen Partners | |
| | |

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|--|--|---|---|---|------------------------------|
| Deteor 1 House Globers (1997) Autonomous Contract of Islands Deteor 2 (copteen, 1997) Inches Statistical Information | Fill in this information to id | entify your case: | | | |
| Debitor 2 Represe String Frintense Made Nees Let Huns United States Beachurpty Court for the: Northern District of Illinois Case namber Check if this is a amended filling Check if this is a | my | 2 / Alliana | NO SOCIAN | | |
| United States Bashruptey Court for the: Northern District of Illinois | Debtor 1 First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern District of Illinois Case number Case number | | Middle Name | (act Nome | | |
| Case number Check if this is a amended filling Check if this is a amended filling | United States Bankruptcy Court fo | | i | | |
| Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information information. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. 2011 Summarize Your Assets Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) 12. Copy line 55, Total real estate, from Schedule A/B | | s, and, therefore, bisting, of t | minois | | · |
| Summary of Your Assets and Liabilities and Certain Statistical Information 2/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information into the form. If you are filing amanded schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. 2/13. Summarize Your Assets 1. Schedule AB: Property (Official Form 106A/B) 1a. Copy line 65, Total real estate, from Schedule AB | | | - min-s | | |
| Bummary of Your Assets and Liabilities and Certain Statistical Information 12/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own s. A. Copy line 55, Total real estate, from Schedule A/B | | | | | amonoca ming |
| Bummary of Your Assets and Liabilities and Certain Statistical Information 12/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own s. A. Copy line 55, Total real estate, from Schedule A/B | Official Farms 4000 | | | | |
| Be as complete and accurate as possible. If two married poople are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your property (Official Form 106A/B) 1a. Copy line 65, Total real estate, from Schedule A/B | | | | | |
| your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your file of what you own \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Summary of Your | Assets and Li | abilities and Certa | in Statistical In | formation 12/15 |
| your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your file of what you own \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Be as complete and accurate | as possible. If two marrie | ed people are filing together, bo | th are equally responsible t | or supplying correct |
| Schedule A/B: Property (Official Form 108A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | The state of the s | u ətiguulga ilisi, illeli Co | illiliere toe intormation on thic | tores if was and file | ded schedules after you file |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 62, Total personal property, from Schedule A/B | | ······································ | and check the box at the top of | inis page. | |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | Part 1: Summarize Your | Assets | | | |
| 1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | | | | |
| 1. Schedule AB: Property (Official Form 106A/B) 1a. Copy line 62, Total real estate, from Schedule A/B | | | | • | |
| 1a. Copy line 55, Total real estate, from Schedule A/B | 1. Schedule A/B: Property (Offi | cial Form 106A/B) | | | Value of what you own |
| 1c. Copy line 63, Total of all property on Schedule A/B | | | | *************************************** | s_N/A- |
| 1c. Copy line 63, Total of all property on Schedule A/B | | | | | 1/1 |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F. 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F. Your total Ilabilities \$ | 1b. Copy line 62, Total perso | nal property, from Schedul | le A/B | | \$ <u>/\//</u> |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F. 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F. Your total Ilabilities \$ | 1c. Copy line 63, Total of all r | property on Schedule A/R | | | - |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | | | *************************************** | *************************************** | "" s_ <i>N/I+</i> |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Part 2. Summarina Van | \$ 2_4_BESS40 | | | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Commarize Your | Clabilities | | | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | | | | | |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F. 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F. Your total liabilities \$ Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I. Schedule J: Your Expenses (Official Form 106J) | • | | | | |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | . Schedule D: Creditors Who H | lave Claims Secured by Pr | operty (Official Form 106D) | | Amount you owe |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a: Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | 2a. Copy the total you listed in | n Column A, <i>Amount of clai</i> | im, at the bottom of the last page | of Part 1 of Schedule D | s_ <i>NH</i> _ |
| 3a: Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | | A contract of the contract of | | | x1/1 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F Your total liabilities \$ | 3a. Copy the total claims from | Part 1 (priority unsecured | claims) from line 6e of Schedule i | ≦/F | s <u>/U//+</u> |
| Your total liabilities \$ | | | | | |
| Schedule J: Your Expenses (Official Form 106J) Schedule J: Your Expenses (Official Form 106J) | | , and and an | rea dame, from the of or scheau | e E/F | + \$ |
| Schedule J: Your Expenses (Official Form 106J) Schedule J: Your Expenses (Official Form 106J) | | | | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I. Schedule J: Your Expenses (Official Form 106J) | | | | Your total liabilities | \$ |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I. Schedule J: Your Expenses (Official Form 106J) | | | | | |
| Copy your combined monthly income from line 12 of Schedule I | arto: Summarize Your I | ncome and Expenses | | | |
| Copy your combined monthly income from line 12 of Schedule I | Schedule I: Your Income (Offic | cial Form 106I) | | | 2 (2112100) |
| Schedule J: Your Expenses (Official Form 106J) | | | edule I | ***** | \$5,440 |
| Copy your monthly expenses from line 22c of Schedule J. | | | | | D WIM |
| | Copy your monthly expenses f | rom line 22c of Schedule J | 1 | | |
| | | _,_ | | | 3 |

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Debtor 1

| - Flaver Ca | ucma Pohinson |
|------------------------|---------------|
| First Name Middle Name | Last Name |

Case number (if know

| Pa | Answer These Questions for Administrative and Statistical Records |
|----------|--|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? |
| 7927Cm21 | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |
| 7. | What kind of debt do you have? |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. |
| | |
| 9 (| Copy the following special categories of claims from Part 4, line 6 of Schedule E/F. |
| | Total claim Total claim |
| | From Part 4 on Schedule E/F, copy the following: |
| Š | Pa. Domestic support obligations (Copy line 6a.) |
| . 9 | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) |
| 9 | c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) |
| 9 | d. Student loans. (Copy line 6f.) |
| 9 | e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) |
| 91 | f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ |
| 9(| g. Total. Add lines 9a through 9f. |

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| Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Northern District of Case number | Last Name Last Name | · · · · · · · · · · · · · · · · · · · | Check if this is an amended filing |
|--|--|---|--|
| Official Form 106A/B | | | |
| Schedule A/B: Propert | v | | 40145 |
| In each category, separately list and describe item | - | | 12/15 |
| responsible for supplying correct information. If m write your name and case number (if known). Answer Part 18 Describe Each Residence, Building, 1. Do you own or have any legal or equitable intered No. Go to Part 2. Yes. Where is the property? | ore space is needed, attach a separate sheet to the ver every question. Land, or Other Real Estate You Own or Har | is form. On the top of a | ny additional pages, |
| i es. Where is the property? | What is the property? Check all that apply. | Do not deduct secured cia | tims or exemptions. Dut |
| 1.1. | ☐ Single-family home | the amount of any secured Creditors Who Have Clain | d claims on Schedule D: |
| Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | and the transfer of the state o |
| * . | Land Investment property | \$ | \$ |
| City State ZIP Code | ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee sthe entireties, or a life | simple, tenancy by |
| County | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Check if this is col (see instructions) | |
| | At least one of the debtors and another Other information you wish to add about this it | | |
| If you own or have more than one, list here: | property identification number: | | • |
| 1.2. Street address, if available, or other description | What is the property? Check all that apply. Single-family nome Duplex or multi-unit building | Do not deduct secured claithe amount of any secured Creditors Who Have Claim | ims or exemptions. Put |
| Street address, if available, or other description | Condominium or cooperative Manufactured or mobile home Land | Current value of the entire property? | Current value of the portion you own? |
| | Investment property | D | a |
| City State ZiP Code | Timeshare Other | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by |
| | Who has an interest in the property? Check one. Debtor 1 only | | |
| County | Debtor 2 only | | |
| County | Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is con (see instructions) | nmunity property |
| | Other information you wish to add about this iter property identification number: | n, such as local | © Balance of Colonial State of |

Debtor 1

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Case number (if know

| 1 | 3. Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any secur | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. |
|----------------------------|--|--|--|---|
| | . | Manufactured or mobile home | entire property? | portion you own? |
| | | Land | \$ | \$ |
| | | ☐ Investment property | | |
| | City State ZIP Code | ☐ Timeshare ☐ Other | Describe the nature interest (such as fee the entireties, or a li | e simple, tenancy by |
| | | Who has an interest in the property? Check one. | | |
| | | Debtor 1 only | | • |
| | County | Debtor 2 only | | |
| | | Debtor 1 and Debtor 2 only | Check if this is c | ommunity property |
| | | At least one of the debtors and another | (see instructions) | |
| | | Other information you wish to add about this ite property identification number: | em, such as local | |
| 2. Add | the dollar value of the portion you own for al | l of your entries from Part 1, including any entrie | s for pages | |
| you | i have attached for Part 1. Write that number h | nere | ······ | \$ |
| errentari Vadi | e Makestanda arang salah na ang sakina Makasaka ang James padapan, nang sami si nang-pada pada adalah salah nan | TO THE SET THE PROPERTY OF THE PROPERTY OF THE SET OF T | To a 450 to the more process of Administration o | |
| . : | | | and a management of state of the control of | ales in the first and a second of the first and a second of the first and a second of the second of |
| | | | | |
| | _ | | | |
| | Describe Your Vehicles | | | |
| Do you | own, lease, or have legal or equitable interes | t in any vehicles, whether they are registered or i | not? Include any vehicle | \$ |
| you ow 3. Car | n own, lease, or have legal or equitable interes in that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles, | e, also report it on Schedule G: Executory Contracts a | not? Include any vehicle: and Unexpired Leases. | s |
| Do you you ow 3. Car | own, lease, or have legal or equitable interest in that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles, | e, also report it on Schedule G: Executory Contracts a | not? Include any vehicle: and Unexpired Leases. | S |
| Do you you ow 3. Car | own, lease, or have legal or equitable interest in that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles, | e, also report it on Schedule G: Executory Contracts a | not? Include any vehicle: and Unexpired Leases. | S |
| Do you ow | n own, lease, or have legal or equitable interest in that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles, No Yes | e, also report it on Schedule G: Executory Contracts a motorcycles | and Unexpired Leases. | |
| Do you you ow 3. Car | n own, lease, or have legal or equitable interests in that someone else drives. If you lease a vehicle s, vans, trucks, tractors, sport utility vehicles, No Yes | e, also report it on Schedule G: Executory Contracts of motorcycles Who has an interest in the property? Check one. | and Unexpired Leases. Do not deduct secured cla | aims or exemptions. Put |
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| | mercelous (Name) in particular di communicatione de la communication de la communicati | | | |
| 3,3 | Make: | 18th- L | and the state of t | alangan dan kepada pada pengangan sampada belah sa sahar sa sampa sampan garangan sa |
| 0.0. | | Who has an interest in the property? Check on | ie. Do sot doduct | Disease to the North Color |
| | Model: | Debtor 1 only | the amount of any secured | claims or exemptions. |
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| | Approximate mileage: | Debtor 1 and Debtor 2 only | Current value of the | and the first of the state of t |
| | | At least one of the debtors and another | entire property? | Current value of portion you ow |
| | Other information: | a section and another | 1 , | Portion you ow |
| | | Check if this is community property (see | ¢ | |
| | | instructions) | · | _ \$ |
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| L. | | instructions) | | · · · · · · · · · · · · · · · · · · · |
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| ou own Mak Mod Year Othe | ake: odel: her information: n or have more than one, list here: ke: del: cr information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Current value of the entire property? \$ Do not deduct secured claims the amount of any secured claims Creditors Who Have Claims S Current value of the entire property? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Current value of the cortion you own? or exemptions. Put hims on Schedule D: ecured by Property. |
| ou own Mak Mod Year Othe | ake: odel: her information: n or have more than one, list here: ke: del: cr information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Current value of the entire property? \$ Do not deduct secured claims the amount of any secured claims Creditors Who Have Claims S Current value of the entire property? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Current value of the or exemptions. Put lims on Schedule D: ecured by Property. |
| ou own Mak Mod Year Othe | ake: odel: her information: n or have more than one, list here: ke: del: cr information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Current value of the entire property? \$ Do not deduct secured claims the amount of any secured claims Creditors Who Have Claims S Current value of the entire property? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Current value of the cortion you own? or exemptions. Put hims on Schedule Diecured by Property. |
| ou own Mak Mod Year Othe | ake: odel: her information: n or have more than one, list here: ke: del: cr information: | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Current value of the entire property? \$ Do not deduct secured claims the amount of any secured claims Creditors Who Have Claims S Current value of the entire property? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Current value of the cortion you own? or exemptions. Put hims on Schedule Diecured by Property. |

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| Case number | (if known) | | |
|-------------|------------|--|--|
| | | | |

| Part 3 Describe Your Personal and Household Items | |
|--|--|
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? |
| | Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| U No | |
| Yes. Describe | |
| La res. Describe | \$ |
| 7. Electronics | |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | |
| collections; electronic devices including cell phones, cameras, media players, games | |
| □ No⁄ | رة ال |
| Pros Describe 0 T | |
| 1) PRINGIONS | * |
| 8. Collectibles of value | |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; | |
| stamp, coin, or baseball card collections; other collections, memorabilia, collectibles | |
| 9 No | |
| ☐ Yes. Describe | \$ |
| | |
| 9. Equipment for sports and hobbies | |
| Examples; Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | |
| and kayaks; carpentry tools; musical instruments | |
| <u></u> | |
| ☐ Yes. Describe | • |
| | Ψ |
| 10. Firearms | |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment | |
| D No | |
| Yes. Describe | \$ |
| | |
| 11. Clothes CD | |
| Examples Everyday clothes, furs, leather coats, designer wear, shoes, accessories | |
| The state of the s | *************************************** |
| Yes. Describe | s |
| | |
| | |
| 12, Jewelry | |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, _qold, silver | |
| | |
| | s |
| Yes. Describe | • |
| 13. Non-farm animals | |
| Examples/ Dogs, cats, birds, horses | 4 |
| | |
| Yes. Describe | |
| | a |
| 14. Any other personal and household items you did not already list, including any health aids you did not list | |
| | |
| □ No | |
| ☐ Yes. Give specific | \$ |
| information | +10: -im |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | |
| for Part 3 Write that number here | 1° 7' 90' |

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Debtor 1

Case number (if known)

| Current value of th portron you own? So not deduct secred or exemptions. So not dea | | e any legal or equitable interes | t in any of the following? | | Curront |
|--|--|---|---|--|------------------|
| 15. Cash: Scamples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition characteristic formula to the same institution, is the same institution and institution a | | | | | portion you own? |
| Yes Cash S | 6. Cash | · · · · · · · · · · · · · · · · · · · | | | or exemptions. |
| Yes | Examples: Money | you have in your wallet, in your t | home, in a safe deposit has | | • |
| Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financia | | | | | petition |
| Paposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. 180 | Yes | *************************************** | | | |
| Description of the financial accounts certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 17.9. Institution or issuer name: Institution or issuer name: Samples Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: Samples Bond funds investment accounts with brokerage firms, money market accounts Institution or issuer name: Samples Bond funds investment accounts with brokerage firms, money market accounts Institution or issuer name: Samples Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: Samples Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond funds, investment accounts with brokerage firms, money market accounts Samples Bond fun | | | | Cash: , | ······\$ |
| Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: | Deposits of mone | v | | | |
| Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9. Oth | Examples: Checking | na savinas or others | Ounts: certificates of done | | |
| Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9. Oth | | er similar institutions. If you have | multiple accounts with the | at; shares in credit unions, brokers same institution, list each | age houses, |
| 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial accoun | Yes | | • | 7 | |
| 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial | | | \bullet | | |
| 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial | | 17.1. Checking account: | _Lanh of | America | ID |
| 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.9. | | 17.2. Checking account: | | | <u> </u> |
| 17.6. Other financial account: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: | | 17.3. Savings account: | | | \$ |
| 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 5 Inds, mutual funds, or publicly traded stocks sumplest Bond funds, investment accounts with brokerage firms, money market accounts 40 Yes Institution or issuer name: 5 5 5 5 6 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 | | 17.4. Savings account: | | | T |
| 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: \$ 17.9. Other financial account: \$ Inds, mutual funds, or publicly traded stocks sumples: Bond funds, investment accounts with brokerage firms, money market accounts Ho Yes | | 17.5. Certificates of deposit: | | | \$ |
| 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: \$ Inds, mutual funds, or publicly traded stocks amples. Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: Institution or issuer name: | | 17.6. Other financial account: | | | \$ |
| 17.9. Other financial account: \$ Inds, mutual funds, or publicity traded stocks Institution or issuer name: Institution or issuer name: \$ \$ \$ Publicity traded stock and interests in incorporated and unincorporated businesses, including an interest in incorporated businesses, inclu | | 17.7. Other financial account: | | | \$ |
| nds, mutual funds, or publicly traded stocks amples Bond funds, investment accounts with brokerage firms, money market accounts Yes | • | 17.8. Other financial account: | | | \$ |
| Publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in local partnership, and joint venture Name of entity: S. S. LC partnership, and joint venture Name of entity: S. S. S. S. S. S. S. S. S. S | | 17.9. Other financial account; | | | \$ |
| Institution or issuer name: -publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in LC partnership, and joint venture Name of entity: S. S. S. LC partnership, and joint venture Name of entity: S. S. S. S. S. S. S. S. S. S | | | | | <u> </u> |
| Publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in local point venture Name of entity: Wes. Give specific information about interests in incorporated and unincorporated businesses, including an interest in local point venture No. Name of entity: Name | inde mutual s | | | | |
| Yes | amples: Bond funds | or publicly traded stocks | | | |
| -publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in No Name of entity: Wes. Give specific information about incorporated businesses, including an interest in incorporated businesses, incl | 110 | accounts with broker | age firms, money market a | ccounts | |
| -publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in LC partnership, and joint venture No Name of entity: Ses. Give specific formation about 60% 8 8 8 90% 90% 90% 90% 90% 90% | Yes | Institution or issuer name | | | |
| No Name of entity: Ses. Give specific stormation about sem | | | | | |
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| No Name of entity: Ses. Give specific stormation about sem | -Publicly traded st LC. partnership - | ock and interests in incorporate | ed and unincorporated h | USINASSOS includio | |
| res. Give specific formation about 60% 5 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | lo | | | asmesses, including an interest | t in |
| ## 1 | es Cius essere | Name of entity: | • | | |
| 0% | tormation about | <u> </u> | | % of ownershi | p: . |
| 0% \$ | | - | | | s |
| 0% | em | ······································ | | 00/ | ~ |
| · · · · · · · · · · · · · · · · · · · | nem | | *************************************** | | |

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Debtor 1

Case number (if known)

| egotiable instruments | include personal chec | ks, cashiers' checks, promissory notes, and money orders. | |
|--|--|---|--|
| on-negotiable instrume | ents are those you car | anot transfer to someone by signing or delivering them. | |
| No Pi | • | | |
| Yes. Give specific | issuer name: | | • |
| information about them | | | . \$ <u></u> |
| | · | | \$ |
| | | | \$ |
| | | | |
| tetirement or pension | accounts | | |
| | | 11(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| No. | | | |
| Yes. List each | | | to provide the control of |
| account separately. | Type of account: | Institution name: | |
| | ` 401(k) or similar plan: | | \$ |
| | | | |
| | Pension plan: | | \$ |
| | IRA: | | \$ |
| | Retirement account: | | \$ |
| • | Acqueric it account | | • |
| | Keogh: | | 3 |
| | Additional account: | | \$ |
| | Additional account: | | \$ |
| | | ada aa khatuuu may aantinya aaniga ar yaa from a company | |
| our share of all unused xamples: Agreements | d deposits you have m | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| our share of all unused xamples: Agreements | d deposits you have m | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| our share of all unused xamples: Agreements | d deposits you have m | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| our share of all unused ixamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid | ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid | d rent, public utilities (electric, gas, water), telecommunications | \$ |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid | d rent, public utilities (electric, gas, water), telecommunications | \$\$ |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid Ins | d rent, public utilities (electric, gas, water), telecommunications | \$\$ |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$s \$s |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$_ <i>QDD'^0D</i> \$_ |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ 900'00 \$ \$ |
| our share of all unused xamples: Agreements ompanies, or others | d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ \$ \$ \$ \$ \$ |
| our share of all unused xamples: Agreements ompanies, or others | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: ttal unit: | \$\$ \$\$ \$\$ \$\$ |
| our share of all unused xamples: Agreements ompanies, or others | deposits you have m with landlords, prepaid lns Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: | \$ |
| our share of all unused xamples: Agreements ompanies, or others | deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: ttal unit: | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| our share of all unused xamples: Agreements ompanies, or others | deposits you have m with landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, landlords, landlords, prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: Therefore for kinds howe Widels Therefore for kinds howe Widels | \$\$ \$\$ \$\$ \$\$ \$\$ |
| our share of all unused xamples: Agreements ompanies, or others | deposits you have m with landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, landlords, landlords, prepaid rent: Telephone: Water: Rented furniture: Other: | d rent, public utilities (electric, gas, water), telecommunications titution name or individual: ttal unit: | \$ \$ \$ \$ \$ \$ \$ \$ |
| our share of all unused xamples: Agreements ompanies, or others | deposits you have m with landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, landlords, landlords, prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: Therefore for kinds howe Widels Therefore for kinds howe Widels | \$ |
| our share of all unused xamples: Agreements ompanies, or others | deposits you have m with landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, prepaid landlords, landlords, landlords, prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: Therefore to Lide Now Wireless of money to you, either for life or for a number of years) | \$ |
| our share of all unused xamples: Agreements ompanies or others No Pes | deposits you have m with landlords, prepaid lins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: Therefore to Lide Now Wireless of money to you, either for life or for a number of years) | \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ |
| our share of all unused examples: Agreements ompanies or others No Tes | deposits you have m with landlords, prepaid lins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: Therefore to Lide Now Wireless of money to you, either for life or for a number of years) | \$ |
| Annuities (A contract fo | deposits you have m with landlords, prepaid lins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other: | titution name or individual: Therefore to Lide Now Wireless of money to you, either for life or for a number of years) | \$ |

Debtor 1 Case number (if know 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). OL NO ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers No. Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements 9 No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured 28. Tax refunds owed to you claims or exemptions. ☐ Yes. Give specific information about them, including whether Federal: you already filed the returns and the tax years, State: Local 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else Yes. Give specific information..... Official Form 106A/B Schedule A/B: Property

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Debtor 1

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|---------------------|--|--|--|--|--|--|
| | The annual control of the state | • | | | | |
| 31. | Interests in insurance policies Examples: Health, disability, or life insurance | ce: health savings account (H | SA); credit. homeo | wner's, or renter's insura | nce | |
| | | oo, nooner outrings account (i) | y, | , | | |
| | No. Name the insurance company | | - | D | | Surrender or refund value: |
| | Yes. Name the insurance company of each policy and list its value | Company name: | 1 | Beneficiary: | • | JUNEAUCI OF ICIUNG VAIUE. |
| | or each policy and list its value | | | | | |
| | • | | | | | |
| | | | | | | } <u></u> |
| • | | | | | |) |
| 32 | Any interest in property that is due you | from someone who has die | d . | | | : |
| V4. | If you are the beneficiary of a living trust, e | xpect proceeds from a life ins | urance policy, or ar | re currently entitled to red | ceive | |
| | property because someone has died. | | | | | |
| | 1 000 | | | ······································ | | |
| | Yes. Give specific Information | | | | | . |
| | | | | ************************************** | | |
| | Claims against third parties, whether or | not you have filed a laweri | t or made a demai | nd for payment | | |
| 33. | Examples: Accidents, employment dispute | s, insurance claims or rights: | to sue | | | |
| | 7 | o, moraneo dama, or ngino | | | | • |
| | D Var. Describe each claim | | | | | |
| | Yes. Describe each claim. | | | | | |
| | | e of avery pature including | r counterclaime of | f the debtor and rights | | |
| 34. | Other contingent and unliquidated claim to set off claims | is or every nature, including | g counterclaims O | the depres and lights | | |
| | No | | | | | • |
| | Yes, Describe each claim. | | | | | |
| | 165, Describe each didnit | | | | | |
| | | | | | | • |
| | | | | | ` | |
| 35 | Any financial assets you did not already | / list | | • | | |
| | 1 No | <u></u> | | | | |
| | ☐ Yes. Give specific information | | | | | |
| | | | | ************************************** | | |
| | | o from Dart A including an | , antriae for name | vou have attached | Γ | |
| 36 | . Add the dollar value of all of your entrie for Part 4. Write that number here | s nom Part 4, including any | y entities for pages | , you have allested | → | |
| | IOI FAIL 4. WHITE HIGE HUBBLE HEID | *************************************** | | | Ĺ | |
| J e, a quest | | ada ana amin'ny fivondronan'i Ny dia dia paositra dia mandra ny kaominina dia amin'ny kaominina dia mandra dia | like to these out surger prosperorements and States distinguished | ang to Sandan to Mad the Mad the Section of the Sec | | yangan ayang adang ayan dan dan kalandara dan saman dan dan dan dan dan dan saman dan saman dan saman dan sama |
| - | | | | | | • |
| ij | art 5: Describe Any Business- | Related Property You | Own or Have | an Interest In. Lis | st any rea | l estate in Part 1. |
| | | | | | | 1. |
| 37 | . Do you own or have any legal or equital | ble interest in any business | -related property? | • | | · , |
| | No. Go to Part 6. | | | · | | ÷* |
| | Yes. Go to line 38. | | | | | and the second |
| | | | | | | irrent value of the |
| | | | • • | • | | rtion you own? |
| ٠ | | | • | • | | not deduct secured claims exemptions. |
| | / | | | | | |
| 38 | Accounts receivable or commissions ye | ou already earned | | | | |
| | Ŭ No | | | | | |
| 1. | Yes. Describe | | | | e e | |
| | | | | | | |
| 39 | Office equipment, furnishings, and sup | plies | | • | | |
| - | Examples: Business-related computers, softwar | e, modems, printers, copiers, fax i | machines, rugs, telepi | hones, desks, chairs, electro | nic devices | |
| | Ů No | | | | | |
| | Yes, Describe | | | . "" | \$ | |
| | | | | | | |
| | • | | | | and the common property of the Co. Co. | en en samme parameter, sportson de la competition de la competitio |

| Case 18-15513, Doc 1 Filed 05/80/18 Entered 05/3 | | Desc Main |
|---|--|--|
| | number (if known) | |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade | | |
| No. | | |
| Yes. Describe | | 1. |
| | | |
| 41. Inventory | | • |
| Yes. Describe | | |
| | | \$ |
| 42. Interests in partnerships or joint ventures | | |
| No Perceite | | |
| Yes. Describe Name of entity: | % of ownership: | |
| | % | \$ |
| | | \$ |
| | % | \$ |
| 43. Customer lists, mailing lists, or other compilations | | |
| Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 10 | | |
| - 110 | 1(41A))? | |
| Yes. Describe | And the state of t | ····· 1 |
| | | \$ |
| 44. Any business-related property you did not already list | | |
| Yes. Give specific | | |
| information | | |
| | | \$ |
| | | \$ |
| *************************************** | | \$ |
| | W | \$ <u></u> |
| | | \$ |
| Add the dollar value of all of your entries from Part 5, including any entries for pages you have | | \$ |
| for Part 5. Write that number here | e attached | s |
| | ······ | |
| art 6: Describe Any Farm- and Commorcial Fight | and the second s | in the second state is a second state of the second |
| If you own or have an interest in farmland, list it in Part 1. | nave an interest in. | • |
| Do you own or have any legal or equitable interest in any farm- or commercial fishing-related p | | |
| Yes. Go to line 47. | roperty? | |
| res. Go to line 4/. | | |
| | | Current value of the |
| | l | portion you own? |
| Farm animals | | Do not deduct secured claims or exemptions. |
| Examples: Livestock, poultry, farm-raised fish | | |
| Yes | | |
| | | |
| | | • |
| The second designation of the second | | Ψ |

Case 18-15513 Doc 1 Filed 05/30/18 Entered 05/30/18 11:29:36 Page 21 of 59 48. Crops—either growing or harvested ☐ Yes. Give specific information.... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade DLKO. ☐ Yes.... 50. Farm and fishing supplies, chemicals, and feed ☑ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list No E Yes. Give specific information.... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 56 Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58 Part 4: Total financial assets, line 36 59 Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 Copy personal property total 🔿 62. Total personal property. Add lines 56 through 61.

63 Total of all property on Schedule A/B. Add line 55 + line 62.....

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| Case number (If known) | | | | | | Check if this is an amended filing |
|------------------------------------|-------------------------------|-----------|---|---|---|--|
| United States Bankruptcy Court for | the: Northern District of Ill | linois | *************************************** | | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | · · · · · · | | | |
| Debtor 2 | . 0 | | | • | | e de la companya de l |
| Debtor 1 First Name | <u> CALLANG</u> | TOO TOO | <u> </u> | | - | |
| \ \\ ~00 | | V | | | | |
| Fill in this information to ider | itify your case: | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Which set of exemptions are you claiming? Drou are claiming state and federal nonbank | kruptcy exemptions. 11 | | |
|--|---------------------------------------|---|--|
| Ou are claiming federal exemptions. 11 U | .S.C. § 522(b)(2) | | |
| For any property you list on Schedule A/B tl | nat you claim as exem | pt, fill in the information below. | |
| Brief description of the property and line on | Current value of the | en e | |
| Schedule A/B that lists this property | portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| 1110 | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief description: | \$ | □ \$ | |
| Line from Schedule A/B: | · · | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | □ \$ | |
| Line from Schedule A/B: | e e e e e e e e e e e e e e e e e e e | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | □ s_ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | ### ################################## |
| Are you claiming a homestead exemption of | more than \$160,375? | | |
| Subject to adjustment on 4/01/19 and every 3 y | rears after that for cases | s filed on or after the date of adjustment.) | |
| Yes. Did you acquire the property covered by | | | |

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Debtor 1

| 2004 | ago _0 0. 00 | 4 | • |
|----------------------------------|----------------------------|------------------|---|
| First Name Middle Name Last Name | Case nu | imber (if known) | |

| Brief description of the on Schedule A/B that I | | ent value of the Amount of the exemption you claim on you own | Specific laws that allow exemp |
|--|--|--|--|
| | Сору | the value from Check only one box for each exemption | |
| Brief | Sched | dule A/B | |
| description: | | | 1 AAAA A CAAAA |
| Line from | J | \$ | |
| Schedule A/B: | | 100% of fair market value, up to | |
| Brief | Mark and the second | any applicable statutory limit | |
| description: | | Q \$ | |
| Line from | | | |
| Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief | ** ** *** *** *** *** *** *** *** *** | > *FF********************************** | |
| description: | • | | |
| Line from | Ψ | | |
| Schedule A/B: | | 100% of fair market value, up to | |
| Part of the second seco | | any applicable statutory limit | |
| Brief description: ——— | 1 | | |
| Line from | \$ | Os | |
| Schedule A/B: | / | 100% of fair market value, up to | |
| Brief | to description of the contract | arry applicable statutory limit | |
| lescription: | /\/ | | |
| ine from | | Øs/_\ | |
| Schedule A/B; | / / / | 100% of fair market value, up to | |
| | / \ / | any applicable statutory limit | |
| rief : | | | |
| escription: | -/ | us // | ALL THE RESERVE THE PARTY OF TH |
| ne from | | | |
| chedule A/B: | / / | 10%% of fair market value, up to | |
| ief | | and applicable statutory limit | |
| scription: | / . / | The second secon | |
| ne from | | Ds | |
| hedule A/B: | | 100% of fair market value, up to | |
| ef | | any applicable statutory limit | |
| scription: | | The state of the s | |
| e from | /* | U \$ | |
| nedule A/B: | | 100% of fair market value, up to | |
| The state of the second state of the second | | any applicable statutory limit | |
| ef . | | | |
| cription: — | | D \$ | |
| from | | | |
| edule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| | | The statutory limit | |
| ription: ——— | | | |
| from | Ψ | | |
| dule A/B: | | 100% of fair market value, up to | |
| the heavy date and | TT | any applicable statutory limit | |
| ription: | | | |
| from | Ψ | \$ | |
| dule A/B: | | 100% of fair market value, up to | |
| · · · · · · · · · · · · · · · · · · · | | any applicable statutory limit | |
| | 1 | | |
| ption: | <u> </u> | Os | |
| om | · · · · · · · · · · · · · · · · · · · | | |
| lule A/B: | | 100% of fair market value, up to any applicable statutory limit | |

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| Fill in this information to identify your ca | ase: | | • | |
|---|---|--|--|-------------------|
| Debtor 1 FIN PR (A) | 18m Polinson | | | |
| First Name Middle | Name Last Name | | • | |
| Debtor 2 (Spouse, if filing) First Name Middle | e Name Last Name | | | |
| United States Bankruptcy Court for the: Norther | n District of Illinois | | | |
| Case number | | | | |
| (if known) | | • | | if this is an |
| | | | amende | ea ming |
| Official Form 106D | | • | | |
| Schedule D: Credito | rs Who Have Claims Secur | ed by Prope | arte. | 4014# |
| | | | | 12/15 |
| Information. If more space is needed, co | e. If two married people are filing together, both are ex py the Additional Page, fill it out, number the entries, | jually responsible for s and attach it to this for | supplying correct m. On the top of | t any |
| additional pages, write your name and ca | ise number (if known). | | | |
| 1. Do any creditors have claims secured | | | | |
| No. Check this box and submit this fo Yes. Fill in all of the information below | rm to the court with your other schedules. You have noth | ng else to report on this | form. | |
| Tes. Fill thall of the information below | <i>.</i> | | • | |
| Part 1: List All Secured Claims | | | | |
| 2 List all secured claims if a graditor has | more than one secured claim, list the creditor separately | Column A Co | lumn B | Column C |
| for each claim. If more than one creditor | has a particular claim, list the other creditors in Part 2 | Control of the state of the sta | lue of collateral at supports this | Unsecured portion |
| | habetical order according to the creditor's name. | . AND STREET WAS TRANSPORTED AND A STREET WAS AND ADDRESS OF THE PARTY | alm | Ifany |
| 2.1 | Describe the property that secures the claim: | \$\$_ | 4 | |
| Creditor's Name | |] . | • | |
| Number Street | - | | | |
| | As of the date you file, the claim is: Check all that apply. | | the first | |
| <u> </u> | □ Contingent □ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory'lien (such as tax lien, mechanic's lien) | • | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit☐ Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | Outer (including a right to offset) | • | • | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.2 | Describe the property that secures the claim: | \$\$_ | \$ | |
| Creditor's Name | | | | |
| Number Street | - | | • | |
| <u> </u> | As of the date you file, the claim is: Check all that apply. | | | į |
| | ☐ Contingent ☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | - | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | • | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | : | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entries in the | | | The second secon | |

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Flower Layung Robinson

| Part 1: | Additional Page After listing any entries on this p by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|-------------|---|--|---|--|--|
| | | Describe the property that secures the claim: | \$ | \$ | \$ |
| Credit | or's Name | | 1 . | | 11 11/2 |
| Numb | er Street | | | | |
| | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | · | | |
| City | State ZIP Code | ☐ Contingent ☐ Unliquidated | | • | |
| | State Eli Godo | Disputed | | | |
| Who o | wes the debt? Check one. | Nature of lien. Check all that apply. | | - | |
| ☐ Del | otor 1 only | An agreement you made (such as mortgage or secured | | | |
| 1 | otor 2 only | car loan) | | | |
| · | otor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a ławsuit | | | |
| LJ At I | east one of the debtors and another | Other (including a right to offset) | | | |
| 1 | eck if this claim relates to a mmunity debt | | · · · · · · · · · · · · · · · · · · · | | |
| Date d | ebt was incurred | Last 4 digits of account number | | | |
| | | Describe the property that secures the claim: | \$ | \$ \$ | |
| Credito | or's Name | | · 1 | - | |
| Numbe | er Street | | | | |
| , talib | | As of the date you file, the claim is: Check all that apply. | j | | |
| | | ☐ Contingent | | | |
| | | ☐ Unliquidated | | | |
| City | State ZIP Code | Disputed | | | |
| | wes the debt? Check one. | Nature of lien. Check all that apply. | • | | |
| | otor 1 only otor 2 only | An agreement you made (such as mortgage or secured | | | |
| | otor 2 only otor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | ; |
| | east one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Che | eck if this claim relates to a | Other (including a right to offset) | • | | |
| | nmunity debt | | • | • | |
| Date de | ebt was incurred | Last 4 digits of account number | | | |
| | | Describe the property that secures the claim: | \$ | \$ \$ | |
| Credito | r's Name | | | | |
| Numbe | r Street | | | | |
| | | | | | |
| | | As of the date you file, the claim is: Check all that apply. | * | 20 A CONTRACTOR OF THE CONTRAC | |
| City | State ZIP Code | Contingent Unliquidated | | | |
| Oily | . State Zii Otale | Disputed | | | |
| Who ov | ves the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Deb | tor 1 only | An agreement you made (such as mortgage or secured | | • | |
| · | tor 2 only | car loan) | • | | |
| | tor 1 and Debtor 2 only east one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| | | Other (including a right to offset) | | * . | |
| | ck if this claim relates to a nmunity debt | , , , , , , , , , , , , , , , , , , , | | | |
| Date de | bt was incurred | Last 4 digits of account number | | | |
| | Add the dollar value of your entries | in Column A on this page. Write that number here: | \$ | | |
| | | add the dollar value totals from all pages. | | | |
| V | Vrite that number here: | | * | | |

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| | irst Name Middle Name List Others to Be N | | last Name for a Debt Ti | at You Already Li | sted |
|-------------------------------|--|--------------------------|--|--|--|
| this pagency is try | | rs to be no for a deb | otified about you you owe to so | our bankruptcy for a d omeone else, list the c ou listed in Part 1, list | ebt that you already listed in Part 1. For example, it a collection reditor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to |
| | • | | | | On which line in Part 1 did you enter the creditor? |
| N | | | ······································ | | Last 4 digits of account number |
| Name | | | • | | |
| Number | Street | | | | |
| | | | | | |
| | | | | | |
| City | | | State | ZIP Code | On which line in Part 1 did you enter the creditor? |
| CAPA NEW WHITE AND ADDRESS OF | A CAMPAGE PROMISED A SERVICE CONTRACTOR OF THE SERVICE CONTRACTOR OF T | | | | |
| Name | | | | | Last 4 digits of account number |
| | | | <u>,</u> | | |
| Number | Street | | | | |
| | | | | | |
| | | | State | ZIP Code | WHAT AND A CONTROL OF THE CONTROL OF |
| City | Committee Section and the Associate Company of the Committee Section S | the second second | | | On which line in Part 1 did you enter the creditor? |
| | | | | | Last 4 digits of account number |
| Name | | | | | |
| Number | Street | | | | |
| Marriber | ducot | | | | |
| | | | | | |
| City | | | State | ZIP Code | |
| | | | | Maryland, and Sales (Sept. Sept. Sep | On which line in Part 1 did you enter the creditor? |
| N-ma | · · · · · · · · · · · · · · · · · · · | | | | Last 4 digits of account number |
| Name | | | | | |
| Numbe | r Street | <u></u> | | | |
| | | | | | - · · · · · · · · · · · · · · · · · · · |
| | | | | 7ID Code | <u>.</u> |
| City | | *** | State | ZIP Code | On which line in Part 1 did you enter the creditor? |
| | (HI) PARKET DATE OF THE PARKET | | | | • |
| Name | | | | | Last 4 digits of account number |
| | | | | | . |
| Numb | er Street | | | | · |
| · | | | | | |
| | | | State | ZIP Code | |
| City | | **** | | | On which line in Part 1 did you enter the creditor? |
| | | | <u> </u> | | Last 4 digits of account number |
| Name | | | • | | |
| · . | per Street | | | | |
| Numb | oet Officer | | | | · . |
| | | | | | ····· |
| | | | State | ZIP Code | |

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| | Fill in | this information to identify your case: | | | • |
|---------|-------------------|--|--|--|--|
| 300 | | FINITE DIMONO | (Library) | | |
| | Debtor | First Name Middle Name | Last Name | | |
| | Debtor | 2 Middle Name | Last Name | | |
| 1 | | (It (sing) First Name | | • | |
| | United | States Bankruptcy Court for the: Northern District of | illinois | | Check if this is an |
| | Case r | number | · · · · · · · · · · · · · · · · · · · | | amended filing |
| | (If know | | | | |
| , | ∽دد: - | ial Form 106E/F | | | |
| _ | אוווכ | al Form 100L/1 | | wod Claims | 12/15 |
| • | Sch | edule E/F: Creditors W | no Have Unsect | lied Claims | |
| L . | ist the VB: Pi | complete and accurate as possible. Use Part 1 to other party to any executory contracts or un roperty (Official Form 106A/B) and on Schedulus with partially secured claims that are listed it, copy the Part you need, fill it out, number the ditional pages, write your name and case num | e G: Executory Contracts and in Schedule D: Creditors Who e entries in the boxes on the le | Unexpired Leases (Official Form 1 | 06G). Do not include any . If more space is |
| 1 | Part ' | List All of Your PRIORITY Unsecure | d Claims | | |
| | , Do | any creditors have priority unsecured claims | against you? | | and the same of th |
| the man | | No. Go to Part 2. | • | | |
| | F10 | 1/2 | | | erataly for each claim. For |
| | no | st all of your priority unsecured claims. If a cre ch claim listed, identify what type of claim it is. If a appriority amounts. As much as possible, list the classecured claims, fill out the Continuation Page of F | aims in alphabetical order accord Part 1. If more than one creditor h | ing to the creditor's name. If you have olds a particular claim, list the other of | e more than two priority |
| | (Fo | or an explanation of each type of claim, see the in | structions for this form in the inst | (UCION DOUNIEL) | Priority Nonpriority |
| - | • | | • | Total claim | amount amount |
| 'n | | 1 loss Chromes & Arabille | ito | 5280 FAM | io franco |
| 2 | 1 | HODE Community Gedit Ur | Last 4 digits of account number | OTON SOM | * * * * * * * * * * * * * * * * * * * |
| 1 | , F | Provide Creditors Name | When was the debt incurred? | 102/2014 | |
| - | 7 | lumber Street | | | |
| - | - | JOANSON US 3/17/17 | As of the date you file, the clai | m is: Check all that apply. | |
| | 7 | State ZiP Code | Contingent | | |
| | | ary — ····· | Unliquidated | · | |
| | | Who incurred the debt? Check one. Debtor 1 only | ☐ Disputed | • | |
| - | | Debtor 2 only | Type of PRIORITY unsecured | i claim: | |
| - | | Debtor 1 and Debtor 2 only | ☐ Domestic support obligations | | |
| | | At least one of the debtors and another | Taxes and certain other debts | you owe the government | |
| | | Check if this claim is for a community debt | Claims for death or personal in | jury while you were | ٨ |
| | • | ls the ∉laim subject to offset? | intoxicated On ther. Specify Home | > Vaan | • |
| 1 | | ŬNo. | other, Specify | | |
| | | Yes | | 5280 170 | 7.17.11.7. |
| Ì | 2.2 | nesice fuu | Last 4 digits of account numb | 777 | 10-1-) 14C |
| | | 7 This Pass Road | When was the debt incurred? | 11200 | |
| | - | Number Street | As of the date you file, the cla | im is: Check all that apply. | • |
| | | Rilor US (VI) | Contingent | | • |
| | | City State ZIP Code | Unliquidated | | • |
| | | Who incurred the debt? Check one. | ☐ Disputed | | |
| 1 | | Debtor 1 only | Type of PRIORITY unsecure | d claim: | • |
| | | Debtor 2 only | Domestic support obligations | | |
| | | Debtor 1 and Debtor 2 only | Taxes and certain other debts | | • |
| | | At least one of the debtors and another | Claims for death or personal i | | , |
| | | ☐ Check if this claim is for a community debt | intextcated ('CIV | IMIN | |
| | | Is the claim subject to offset? | Other, Specify | 104,1 | |
| | 1 | Yes | | | |
| | Į. | ₩ ; Co | | | |

| Case 18-15513 Doc 1 Debtor 1 First Name Middle Name | Filed 05/30/18 Entered 05/30/18 1 | |
|---|--|--|
| Part 1: Your PRIORITY Unsecured Cla | ims — Continuation Page | |
| After listing any entries on this page, number the street of the street | Last 4 digits of account number 03/205 When was the debt incurred? | Total claim Priority Nonpriority amount amount s |
| City Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that app. Coatingent Unliquidated Disputed | ly. |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intexicated Other. Specify | |
| Is the claim subject to offset? No Yes | | |
| Priority Creditor's Name Number Street | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent | \$\$\$ |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Uniquidated ☐ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes | Other. Specify | |
| Priority Creditor's Name Number Street | When was the debt incurred? | \$\$ |
| City State ZIP Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury white you were intoxicated | |
| Is the claim subject to offset? ☐ No ☐ Yes | Other. Specify | |

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| Debt | | Case number (if known) | |
|---------|--|--|--|
| | First Name Last Name | | |
| Pa | 12: List All of Your NONPRIORITY Unsecured Claims | | |
| | | | |
| 3. | Do any creditors have nonpriority unsecured claims against you | ? | |
| ; | ☐ No. You have nothing to report in this part. Submit this form to the | | |
| | Yes | , obdit manyour outer outerates. | |
| | | truge test that either thair, is well | |
| 4. l | List all of your nonpriority unsecured claims in the alphabetical o | order of the creditor who holds each claim. If a creditor has | more than one |
| | nonpriority unsecured claim, list the creditor separately for each claim | . For each claim listed, identify what type of claim it is. Do not | list claims already |
| į | included in Part 1. If more than one creditor holds a particular claim, li | st the other creditors in Part 3.If you have more than three no | npriority unsecured |
| | claims fill out the Continuation Page of Part 2. | | |
| 1 | | • | Total claim |
| <u></u> | · I | | The Control of the Co |
| 4.1 | | Last 4 digits of account number | |
| | Nonpriority Creditor's Name | | \$ |
| | • | When was the debt incurred? | |
| | Number Street | | |
| 1 | | | |
| - | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | • | D. O. of the second | |
| 1 | Who incurred the dobt? Of and and | ☐ Contingent | |
| 1 | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| İ | Debtor 2 only | | |
| į. | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| 1 | At least one of the debtors and another | Student loans | |
| | Donat with the transfer to the | Obligations arising out of a separation agreement or divorce | |
| | ☐ Check if this claim is for a community debt | that you did not report as priority claims | |
| | is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| 1 | □ No | Other, Specify | |
|) | Yes | | · |
| : | | | |
| 4.2 | | Last 4 digits of account number | 5 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
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| | Number Street | | |
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| ł | City State ZIP Code | | |
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| | Who incurred the debt? Check one. | Unliquidated | |
| 1 | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | To a composition of the composit | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | and the same of th |
| : | Doron at statute education to the | Obligations ansing out of a separation agreement or divorce | |
| | Check if this claim is for a community debt | that you did not report as priority claims | *************************************** |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | To a second |
| | □ Ne | Other. Specify | |
| | Yes | | |
| | | | |
| 4.3 | | Last 4 digits of account number | |
| | Nonpriority Creditor's Name | When was the debt incurred? | * |
| | | Trion vide disconstitution in the second sec | |
| | Number Street | | and the state of t |
| , | | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | As of the date you me, the claim is. Check all that apply. | |
| | William Income of the Industrial Colored | Contingent | |
| | Who incurred the debt? Check one. | ☐ Unliquidated | |
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| | Debtor 2 only | • | representa |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | - a |
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| | Di Alicab Mark and the Control of th | Student loans | The state of the s |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | Is the claim subject to offset? | that you did not report as priority claims | A STATE OF THE STA |
| | □ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | U Other. Specify | |
| | | | i |

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Debtor 1

| iret binana | |
|-------------|--|

Case number (if known)

| listing any entries on this page, number them beginning w | rith 4.4, followed by 4.5, and so forth. Total |
|--|--|
| | Last 4 digital as |
| Vonpriority Creditor's Name | Last 4 digits of account number \$ |
| | When was the debt incurred? |
| lumber Street | As of the data you file the alpin in or |
| ity State ZIP Code | As of the date you file, the claim is: Check all that apply. |
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| Who incurred the debt? Check one. | Disputed |
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| Debtor 2 only | Type of NONPRIORITY unsecured claim: |
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| | Obligations arising out of a separation agreement or divorce that |
| Check if this claim is for a community debt | you did not report as priority claims |
| the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
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| l Yes | |
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| | The state of the s |
| npriority Creditor's Name | Last 4 digits of account number \$ |
| | When was the debt incurred? |
| mber Street | |
| | As of the date you file, the claim is: Check all that apply. |
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| Debtor 2 only | |
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| • | Obligations arising out of a separation agreement or divisors to |
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| ne claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other Specify |
| No · | Other. Specify |
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| - | |
| stority Conditions Name | Last 4 digits of account number |
| nority Creditor's Name | · · · · · · · · · · · · · · · · · · · |
| per Street | When was the debt incurred? |
| | As of the date you file, the claim is: Check all that apply. |
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| ebtor 1 only | Supputeu |
| ebtor 2 only | Type of NONPRIORITY unsecured claim: |
| ebtor 1 and Debtor 2 only | ☐ Student loans |
| t least one of the debtors and another | |
| heck if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |
| claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts |
| o | Other, Specify |

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| | | | | | · |
|----------|------------|-------------|-----------|------------------------|---|
| Debtor 1 | - | | | Case number (if known) | |
| • | First Name | Middle Name | Last Name | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

| example, if a collection age 2, then list the collection ag | ncy is trying to c ency here. Simila | ollect from yourly, if you have | your bankruptcy, for a debt that you already listed in Parts 1 or 2. For ou for a debt you owe to someone else, list the original creditor in Parts 1 or emore than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|--|--|--|--|
| Name | · · · · · · · · · · · · · · · · · · · | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Hame | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number |
| City | State | ZIP Code | Of a COSPUL TENSOR STATE OF THE |
| | - magilian militaret de la segui de Tiliana, de Livie de Tiliana (per Tiliana) | See Assessing a special section of the second section of the section of the second section of the section | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | - | | Part 2: Creditors with Nonpriority Unsecured |
| | | | Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Manager and the second | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZiP Code | Last 4 digits of account number |
| AND COMPANY OF THE PROPERTY SEAL OF THE PROPERTY SEAL OF THE PROPERTY OF THE P | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
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| Number Street | | | Part 2: Creditors with Nonpriority Unsecured |
| ************************************** | | | Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | | | |
| Number Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | ************************************** | | Claims Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| realite | | | line of (Chark one): Dept 1: Creditors with Disable Hannager of Claims |
| Number Street | iman | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| City | State | ZIP Code | Last 4 digits of account number |
| | · CONT | COUE | |

| | First f | the Amounts for Each Type of Unsecured Claim | ISOV | Case number (if known) |
|--|------------------|---|--------|--|
| 6. Total the a | mo | unts of certain types of unsecured claims. This informunts for each type of unsecured claim. | nation | is for statistical reporting purposes only. 28 U.S.C. § 159. |
| The state of the s | | | | Total claim |
| Total claims | 6a | Domestic support obligations | 6a. | <u>s</u> |
| | 6b | Taxes and certain other debts you owe the government | 6b. | s |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | s |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | <u>s</u> |
| | | | | Total claim |
| Total claims from Part 2 | | Student loans | 6f. | \$ |
| | og. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | s |
| | | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ |
| | 6j. ⁻ | Fotal. Add lines 6f through 6i. | 6j. | \$ |

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| - T | il in this i | nformation to ide | entify your case: | | | | |
|------|-----------------------------|--|--|--|---|--|---|
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| | ebtor | First Name | Middle Name | Last Name | | . * | |
| | ebtor 2 pouse If filing) | First Name | Middle Name | Last Name | | | |
| , Uı | nited States | Bankruptcy Court fo | or the Northern District of I | Illinois | | | |
| | ase number known) | | | | | | ☐ Check if this is an |
| | | | | | | | amended filing |
| Of | fficial I | Form 1060 | a | | | | |
| | | | | ntracts and | Unexpired Le | 2222 | 4014.5 |
| | | | · · · · · · · · · · · · · · · · · · · | | gether, both are equally re- | | 12/15 |
| info | rmation. | If more space is a | needed, copy the addition | onal page, fill it out, nui | nber the entries, and attac | | |
| aud | illionai pa | ges, write your n | ame and case number (| ir known). | | | |
| 1. | | | ory contracts or unexpire | | | | |
| | | | | | ules. You have nothing else listed on <i>Schedule A/B: Pro</i> | | |
| 2. | List sepa | rately each pers | on or company with wh | om you have the contra | ict or lease. Then state wh | at each contract or | lease is for (for |
| | example unexpired | , rent, vehicle lea | ase, cell phone). See the | instructions for this form | in the instruction booklet for | more examples of e | xecutory contracts and |
| | | | | 2.5 | i De la Francisca de la Sectiona | e Sanggrang panghasi | e Paragraphy (1981) and Paragraphy (1981) |
| | Person o | or company with | whom you have the con | tract or lease | State what the con | ntract or lease is for | |
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| | | Case number (if known) | |
|----------------------------|--|---|--|
| First Name Middle Name | Last Name | | |
| Additional Page if Y | ou Have More Contracts or Leases | gradiana and the second se | |
| | | What the contract or lease is for | |
| Person or company with who | m you have the contract or lease | | |
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| Fill in this information to identify your case: | |
|---|--|
| Debtor 1 + DUPR COUNTY CONSON | |
| , First Name Misde Name Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number | |
| (If known) | ☐ Check if this is ar amended filing |
| Official Farms 40011 | arronaed ming |
| Official Form 106H | |
| Schedule H: Your Codebtors | 12/15 |
| Codebtors are people or entities who are also liable for any debts you may have. Be a are filing together, both are equally responsible for supplying correct information. If m and number the entries in the boxes on the left. Attach the Additional Page to this page case number (if known). Answer every question. | nore space is needed, copy the Additional Page, fill it out, |
| 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as | a codebtor.) |
| € No | |
| ☐ Yes | |
| Within the last 8 years, have you lived in a community property state or territory? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash | · · · · · · · · · · · · · · · · · · · |
| □ No Go to line 3. | ington, and vvisconsin.) |
| Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? | |
| □ Nø⁄ | |
| Yes. In which community state or territory did you live? 11551551 001 | Fill in the name and current address of that person. |
| Shring C. Papinson | |
| Name of your spouse, former spouse, or lenal equivalent | |
| I do not hnow | |
| Number Street | |
| City State ZIP Code | |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor | if your spouse is filing with you. List the person |
| shown in line 2 again as a codebtor only if that person is a guarantor or cosigner | . Make sure you have listed the creditor on |
| Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedul Schedule E/F, or Schedule G to fill out Column 2. | e G (Official Form 106G). Use Schedule D, |
| | |
| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt |
| | Check all schedules that apply: |
| [3.1] | Schedule D, line |
| Name | ☐ Schedule E/F, line |
| Number Street | Schedule G, line |
| City State ZIP Code | |
| 3.2 | |
| Name | Schedule D, line |
| Number Street | Schedule E/F, line |
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| Number Street | ☐ Schedule G, line |
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| ebtor | 1 | Last Name | | Case number (if known) |
|------------|-------------------------|--|-------------|---|
| | First Name Middle Name | Cast Name | | |
| | Additional Page to Li | st More Codebtors | | |
| (| Column 1: Your codebtor | | | Column 2: The creditor to whom you owe the debt |
| ! | | | | Check all schedules that apply: |
| | | | | Schedule D, line |
| | Name | | | ☐ Schedule E/F, line |
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| Fill in this information to identify | your case: | | | • | • |
|---|---|---|---|--|--|
| +louxer | William | Voloinson | | | |
| Debtor 1 First Name | Middle Warne | Last Name | - | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: I | Northern District of Illinoi | s | | | |
| Case number (If known) | | - | Check if this | | |
| | | | An amer | ided filing ment showing postp | atition chanter 13 |
| | | . * | | is of the following da | |
| Official Form 106I | | | MM / DD / | YYYY | |
| Schedule I: You | ır Income | · | | | 12/15 |
| Be as complete and accurate as possupplying correct information. If you from the separated and your spouseparate sheet to this form. On the | ou are married and not ise is not filing with you top of any additional p | filing jointly, and your spot u. do not include informatio | ise is living with you on about your spous | ı, include information e. If more space is ne | about your spouse. eded, attach a |
| Fill in your employment | | | A Agricol Control | e vis — in weight felt weight | |
| information. | | Debtor 1 | Marcon Cathard Hall March (Marcon Comments) | Debtor 2 or non-fili | ng spouse |
| If you have more than one job, attach a separate page with | Fundament status | Employed | | ☐ Employed | |
| information about additional employers. | Employment status | Not employed | | Not employed | A TOTAL PARTY AND A TOTAL PART |
| Include part-time, seasonal, or | | Mind 9 | anvia D. | | |
| self-employed work. Occupation may include student | Occupation | Customer - | CLYICE 16D | | |
| or homemaker, if it applies. | | lightohal | . * | | - |
| | Employer's name | TIGHTODGE | 11. 1 | - | |
| | Employer's address | 1118 M Fr | liceton Ave | Number Street | |
| | | Number Street | | Number Street | |
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| | How long employed to | here? Sylcies | · | | |
| Part 2: Give Details About | Monthly Income | | | | |
| Estimate monthly income as of | | orm. If you have nothing to re | port for any line, write | \$0 in the space. Include | le your non-filing |
| spouse unless you are separated If you or your non-filing spouse ha below. If you need more space, a | ave more than one emplo | oyer, combine the information this form. | for all employers for | that person on the lines | |
| | | . | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| List monthly gross wages, sale deductions). If not paid monthly, | ary, and commissions (calculate what the month | (before all payroll hy wage would be. 2. | :374b" | \$ | |
| 3. Estimate and list monthly over | rtime pay. | 3. + | * 1/000°C | + \$ | |
| 4. Calculate gross income. Add li | ne 2 + line 3. | 4. | s4,740° | \$ | A. C. |

Filed 05/30/18 Entered 05/30/18 11:29:36 Desc Main age 38 of 59 Debtor 1 For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here..... List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5b. 5c. Voluntary contributions for retirement plans 5c 5d. Required repayments of retirement fund loans 5d 5e. Insurance 5e 5f. Domestic support obligations 5f. 5g. Union dues 5g. 5h. Other deductions. Specify 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent 8b. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8¢. 8d. Unemployment compensation 8đ, 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12

No.

Yes. Explain:

13. Do you expect an increase or decrease within the year after you file this form?

Combined

monthly income

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| Fill in this information to identify your case; Debtor 1 First Name Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: Northern District of Illino Case number (If known) | Last Name Ois | | nded filing ment showing pos s as of the followin | tpetition chapter 13 g date: |
|--|---|--|--|--|
| Official Form 106J | | | | |
| Schedule J: Your Expens | es | | | 12/15 |
| Be as complete and accurate as possible. If two married information. If more space is needed, attach another she (if known). Answer every question. | people are filing together, be et to this form. On the top of | oth are equally res any additional pa | ponsible for supply ges, write your nam | ring correct ne and case number |
| Part 1: Describe Your Household | | | | · . |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Yes. Debtor 2 must file Official Form 106J-2, E | Expenses for Separate Housel | nold of Debtor 2. | | |
| 2. Do you have dependents? | | | · | |
| Do not list Debtor 1 and Debtor 2. Yes. Fill out this in each dependent | | | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | | | No Yes No Yes No No No |
| | | | | ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 21 Estimate Your Ongoing Monthly Expense. | | | | |
| Estimate your expenses as of your bankruptcy filing date of expenses as of a date after the bankruptcy is filed. If this is applicable date. Include expenses paid for with non-cash government assist such assistance and have included it on Schedule I: Your Idea. 4. The rental or home ownership expenses for your resided any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues | unless you are using this fo s a supplemental <i>Schedule</i> , stance if you know the value <i>Income</i> (Official Form 1061.) | , check the box a | rt in a Chapter 13 cat the top of the form Your expenses 4. \$ | and fill in the |

Debtor 1

| Flower | Muana | Pobinson |
|------------------------|-----------|----------|
| First Name Middle Name | Last Name | |

Case number (if known)

| | | | Your expenses |
|-----|---|-------------|---------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| . 6 | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ |
| | 6b. Water, sewer, garbage collection | 6b. | \$ |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ |
| | 6d. Other. Specify: | 6d, | \$\$780 ·W |
| 7. | | 7. | \$ 40 |
| 8. | Childcare and children's education costs | 8. | s plant |
| 9. | | 9. | s Thirw |
| 10. | Personal care products and services | 10. | \$. |
| 11. | Medical and dental expenses | 11, | \$ 3/2/py:00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. | | 411100 |
| 12. | Do not include car payments. | 12. | \$ 100 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ |
| 14. | Charitable contributions and religious donations | 14. | \$ |
| 15. | Insurance. | | |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$ |
| | 15b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | · \$ |
| | 15d. Other insurance. Specify: | 15d. | \$ |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| • | 17c. Other, Specify: | 176. | ¢ |
| | 17d. Other, Specify: | 17d. | \$ |
| | | 174, | |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ |
| 19. | Other payments you make to support others who do not live with you. | | |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | I e. | |
| | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ |

Case 18-15513 Doc 1 Filed 05/30/18 Entered 05/30/18 11:29:36 Page 41 of 59 Document Other. Specify: Calculate your monthly expenses. 22a. 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b 22c. Add line 22a and 22b. The result is your monthly expenses. 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23b. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Ta Yes. Explain here:

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| Fill in this information to identify | Volle case: | | • | |
|---|---|---|---|---|
| LINDE | Munm Valoin | SM | | |
| Debtor 1 Prist Name | Milde Name Last Name | Check if this | is: | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name Last Name | An amen | - | |
| United States Bankruptcy Court for the: | Northern District of Illinois | | ment showing pos s as of the followin | tpetition chapter 13 g date: |
| Case number | | MM / DD / | <u> </u> | • • |
| (If known) | | | • | |
| Official Form 106J-2 | | | | |
| Schedule J-2: E | xpenses for Sepa | rate Household | of Debtor | 2 12/15 |
| Debtor 2 have one or more depend only with respect to expenses for I needed, attach another sheet to thi question. | ate household expenses ONLY IF De lents in common, list the dependent Debtor 2 that are not reported on Sc is form. On the top of any additional | s on both Schedule J and this fo hedule J. Be as complete and ac | rm. Answer the que curate as possible. | uestions on this form . If more space is |
| Part 1: Describe Your Hou | sehold | | | |
| Do you and Debtor 1 maintain se | | | | · |
| No. Do not complete this for Yes | ·m. | | | |
| 2. Do you have dependents? | □ No | Dependent's relationship to | Dependent's | Door dependent live |
| Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a | Yes. Fill out this information for each dependent | Debtor 2: | age | Does dependent live with you? |
| dependent of Debtor 1 on Schedule J. | | | | ☐ Yes |
| Do not state the dependents' | | | | □ No |
| names. | | | | ☐ Yes |
| | | | -0-194-19 | Yes |
| | | | | □ No |
| | | | | Yes |
| ÷ | | · · · · · · · · · · · · · · · · · · · | | □ No □ Yes |
| 3. Do your expenses include expenses of people other than | □ No □ Yes | | POWER AND | |
| yourself, your dependents, and Debtor 1? | | | | |
| Part 2: Estimate Your Ongoi | ng Monthly Expenses | | | |
| Estimate your expenses as of your | bankruptcy filing date unless you a | re using this form as a suppleme | ent in a Chapter 13 | case to report |
| expenses as of a date after the ban | kruptcy is filed. | | | |
| · · · · · · · · · · · · · · · · · · · | -cash government assistance if you | | V | |
| | it on Schedule I: Your Income (Offic | | Your expe | Inses |
| any rent for the ground or lot. | xpenses for your residence. Include | first mortgage payments and | 4. \$ | |
| if not included in line 4: | | | | |
| 4a. Real estate taxes | | | 4a. \$ | |
| 4b. Property, homeowner's, or re | enter's insurance | | 4b. \$ | |
| 4c. Home maintenance, repair, a | and upkeep expenses | | 4c. \$ | WT-MWW-A-V |
| 4d. Homeowner's association or | condominium dues | | 4d. \$ | |

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| | First Name Middle Name Last Name Case number | (if known)_ | · |
|-----|---|-------------|---------------|
| ı | | | |
| | | | |
| | | | Your expenses |
| | 5. Additional mortgage payments for your residence, such as home equity loans | | \$ |
| | 6. Utilities: | ` | |
| | 6a. Electricity, heat, natural gas | | |
| | 6b. Water, sewer, garbage collection | | a. \$ |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | | b. \$ |
| | 6d. Other, Specify: | 6 | 7 <u></u> |
| | 7. Food and housekeeping supplies | 6 | |
| | 8. Childcare and children's education costs | 7. | \$ |
| | 9. Clothing, laundry, and dry cleaning | 8. | \$ |
| 1 | Personal care products and services | 9. | \$ |
| 1 | Medical and dental expenses | 10 | s |
| 1 | 2. Transportation. Include gas, maintenance, bus or train fare. | 11 | . \$ |
| | Do not include car payments. | | \$ |
| 1 | 3. Entertainment, clubs, recreation, newspapers, magazines, and books | 12 | |
| 14 | | 13. | \$ |
| 15 | 5. Insurance. | 14. | \$ |
| | Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | | |
| | 15b. Health insurance | 15a | \$ |
| ٠. | 15c. Vehicle insurance | 15b | - |
| | 15d. Other insurance. Specify: | 15c | \$ |
| 16. | · | 15d. | \$ |
| 10. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | | |
| 47 | Specify: | 16, | \$ |
| 17. | of loads payments. | | |
| 1 | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| : | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| | 17c. Other. Specify: | 17c. | \$ |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I. Your Income (Official Form 400) | | |
| | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19, | Other payments you make to support others who do not live with you. | | Ψ |
| | Specify: | 40 | • |
| | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income | 19, | \$ |
| | 20a. Mortgages on other property | 5 | |
| | 20b. Real estate taxes | 20a. | \$ <u>·</u> |
| | 20c. Property, homeowner's, or renter's insurance | 20b. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20c. | \$ |
| | 20e. Homeowner's association or condominium dues | 20d. | \$ |
| | or sometiment ques | 20e. | \$ |

Debtor 1

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| | First Name | Middle Name | Last Name | | Case number (# ki | nown) | | |
|---------------------------------------|----------------------------------|--------------------------------------|--------------------------|---|---------------------------------------|-------|---|--|
| | | * | : | | | | | |
| | | entration of the second | | v | e e e e e e e e e e e e e e e e e e e | | | |
| Other. : | Specify: | - | | | | | The second section of the second second section of the second sec | and the state of t |
| | -p-00) | | | - m | | 21. | +\$ | |
| | | • | | | | | | |
| our m | onthly expens | ses. Add lines | 5 through 21. | | • | | | |
| ne rest ital exp | it is the month enses for Deb | nly expenses of otor 1 and Debto | Debtor 2. Copy the or 2. | result to line 22b of S | chedule J to calculate the | 22. | \$ | |
| | | | | | | ı | <u> </u> | |
| | | • | | | • | | | |
| ne not (| used on this fo | rm. | | | | | • | |
| | | | | | • | | | |
| | • | • | | | | | | |
| | | • | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | • | | | | | | |
| you e | xpect an incre | ease or decrea | se in your expense | s within the year aft | er you file this form? | | | |
| r exam | ole, do you exp | pect to finish pa | ving for your car loar | within the year or do | Wall almost com | | | |
| r exam | ole, do you exp | pect to finish pa | ving for your car loar | within the year or do | Wall almost com | | | |
| ortgage | ole, do you exp | pect to finish pa | ving for your car loar | s within the year aft n within the year or do diffication to the term | Wall almost com | | | |
| r exam _l ortgage No. | ple, do you exp | pect to finish pa crease or decre | ving for your car loar | within the year or do | Wall almost com | | | |
| r exam _l ortgage No. | ole, do you exp | pect to finish pa crease or decre | ving for your car loar | within the year or do | Wall almost com | | | |
| r exam _l ortgage No. | ple, do you exp | pect to finish pa crease or decre | ving for your car loar | within the year or do | Wall almost com | | | |
| or examp ortgage No. | ple, do you exp | pect to finish pa crease or decre | ving for your car loar | within the year or do | Wall almost com | | | |
| or exam | ple, do you exp | pect to finish pa crease or decre | ving for your car loar | within the year or do | Wall almost com | | | |

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| Fill in this in | formation to ide | entify your case: | | | |
|---------------------------------|---------------------|---------------------------------------|---|-------------|-----------------------------------|
| Debtor 1 | First Name | Middle Name | | | · |
| | rust naitie | widdle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | Flord Name | Middle Name | Last Name | | |
| (Opcuso, a maig) | I wat require | miggie Maine | Last Name | | * |
| United States E | Bankruptcy Court fo | r the: Northern District of I | llinois | | |
| Case number (If known) | | | · | | |
| | | · · · · · · · · · · · · · · · · · · · | CONTRACTOR | | Check if this is a amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
|--|--|
| | Signature (Official Form 119). |
| | |
| | |
| | |
| | • |
| ier penalty of perjury, I declare that I h they are true and correct. | ave read the summary and schedules filed with this declaration and |
| der penalty of perjury, I declare that I h t they are true and correct. | ave read the summary and schedules filed with this declaration and |
| der penalty of perjury, I declare that I h they are true and correct. | ave read the summary and schedules filed with this declaration and |

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| Fill in this information to identify your case: | | CONTRACTOR AND | * | |
|--|--|--|--|---|
| | | | | • |
| Debtor 1 First Name Middle Name | Last Name | | | |
| Pebtor 2 | Last Name | | · | |
| pouse, if filing) First Name Middle Name | Łast Name | | | |
| nited States Bankruptcy Court for the: Northern District of | of Illinois | | | |
| ase number f known) | | İ | | Check if this is a |
| | | | | amended filing |
| | | ÷ | | |
| fficial Form 107 | | | | |
| tatement of Financial Affa | irs for Indiv | iduals Filing | for Bankrupte | CY 04/ |
| as complete and accurate as possible. If two ma ormation. If more space is needed, attach a sepa mber (if known). Answer every question. | rried people are filing trate sheet to this for | g together, both are equa m. On the top of any add | ally responsible for supp litional pages, write you | olying correct r name and case |
| art 1: Give Details About Your Marital St | atus and Where Y | ou Lived Before | | |
| What is your current marital status? | | | | ; |
| ☐ Married ☐ Not married | | | | • |
| and NOUTRAINED | | | | |
| Yes. List all of the places you lived in the last 3 | i years. Do not include | where you live now. | • | |
| Yes. List all of the places you lived in the last 3 Debtor 1: | Dates Debtor 1 | where you live now. Debtor 2: | | Dates Debtor 2 |
| | | Debtor 2: | | Dates Debtor 2 lived there |
| | Dates Debtor 1 | and the second of the second of | | lived there |
| | Dates Debtor 1 | Debtor 2: | | lived there |
| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | | lived there Same as Debtor |
| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | | lived there Same as Debtor From |
| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | State ZIP Code | lived there Same as Debtor From |
| Debtor 1: Number Street | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street | State ZIP Code | lived there Same as Debtor From To |
| Number Street City State ZIP Code | Dates Debtor 1 lived there | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | lived there Same as Debtor From To |
| Debtor 1: Number Street | Dates Debtor 1 lived there From To | Debtor 2: Same as Debtor 1 Number Street City | State ZIP Code | Ilived there Same as Debtor From To Same as Debtor |
| Number Street City State ZIP Code | Dates Debtor 1 lived there From To From | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Ilived there Same as Debtor From To Same as Debtor From |
| Number Street City State ZIP Code | Dates Debtor 1 lived there From To From | Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 | State ZIP Code | Iived there Same as Debtor From To Same as Debtor From From From |

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| otor 1 First Name Middle Name Last | Name | | umber (if known) | |
|--|--|---|---|---|
| t and statistic learning. | | | | |
| Did you have any income from employmer Fill in the total amount of income you received If you are filing a joint case and you have inco | d from all jobs and all busi | nesses, including part-ti | ime activities. | ndar years? |
| No Yes. Fill in the details. | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$ | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| For last calendar year: | ☐ Wages, commissions, bonuses, tips | \$ | Wages, commissions, bonuses, tips | \$ |
| (January 1 to December 31,) | Operating a business | <u> </u> | Operating a business | Y |
| For the calendar year before that: (January 1 to December 31,) | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | \$ | ☐ Wages, commissions, bonuses, tips ☐ Operating a business | \$ |
| Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing | ome is taxable. Examples ients; pensions; rental inco a joint case and you have | of other income are alinome; interest; dividends; e income that you receive | ; money collected from lawsu red together, list it only once | its; royalties; and |
| Did you receive any other income during the Include income regardless of whether that inclunemployment, and other public benefit payment. | ome is taxable. Examples ients; pensions; rental inco a joint case and you have | of other income are alinome; interest; dividends; e income that you receive | ; money collected from lawsu red together, list it only once | its; royalties; and |
| Did you receive any other income during the include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from e | ome is taxable. Examples ients; pensions; rental inco a joint case and you have | of other income are alinome; interest; dividends; e income that you receive | ; money collected from lawsu red together, list it only once | its; royalties; and |
| Did you receive any other income during the Include income regardless of whether that include unemployment, and other public benefit paymengambling and lottery winnings. If you are filling List each source and the gross income from each of the Income inc | ome is taxable. Examples tents; pensions; rental income is pensions; rental income a joint case and you have each source separately. De | of other income are alinome; interest; dividends; e income that you receive | ; money collected from lawsu red together, list it only once at you listed in line 4. | its; royalties; and |
| Did you receive any other income during the Include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from each of the Yes. Fill in the details. | ome is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Department of Department of the come sources of income | of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and | money collected from lawsured together, list it only once at you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
| Did you receive any other income during the Include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from each No | ome is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Department of Department of the come sources of income | of other income are alinome; interest; dividends; e income that you receive on not include income that Gross income from each source (before deductions and exclusions) | money collected from lawsured together, list it only once at you listed in line 4. Debtor 2 Sources of income | its; royalties; and under Debtor 1. Gross income from each source (before deductions and |
| Did you receive any other income during the Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from each No Yes. Fill in the details. | ome is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Department of Department of the come sources of income | of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and | money collected from lawsured together, list it only once at you listed in line 4. Debtor 2 Sources of income | its; royalties; and under Debtor 1. Gross income from each source (before deductions and |
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| Did you receive any other income during the Include income regardless of whether that include income regardless of whether that include income regardless of whether that include income regardless of whether that include income regardless of whether that include includes and other public benefit paymed gambling and lottery winnings. If you are filling List each source and the gross income from each of the property of the paymed includes a source and the gross income from each of the paymed includes a source and the gross income f | ome is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. De Debtor 1. Sources of income Describe below. | of other income are alinome; interest; dividends; e income that you receive not include income that Gross income from each source (before deductions and exclusions) \$ | money collected from lawsured together, list it only once at you listed in line 4. Debtor 2 Sources of income | Gross income from each source (before deductions and |
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| Are either Debtor 1's or Debtor 2's debts primarily consumer debts. Are either Debtor 1's or Debtor 2's debts primarily consumer debts. No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(6) as incurred by an inadvidual primarily for a personal, Isnaily, or household purpose. During the 90 days before you filled for bankruptcy, did you pay any creditor a total of \$6,425' or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425' or more in one or more payments and the fold amount you paid that creditor. Do not incude payments for domestic support obligations, such as child support and almony. Also, do not incude payments to an attorney for fish bankruptcy case. Subject to adjustment on 4/01/19 and every 3 years after that for cases filled on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filled for bankruptcy, did you pay any creditor a total of \$800 or more? No. Go to line 7. Yes. List below each craditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not incude payments for domestic support obligations, such as child support and allmony. Also, do not brudy payments for domestic support obligations, such as child support and allmony. Also, do not brudy payments for domestic support obligations, such as child support and allmony. Also, do not brudy payments for domestic support obligations, such as child support and payment. Dates of Payment Total amount paid Amount you still owe Was this payment Street Dates of Condor's Name Supplement of Condor's Name Supplement or Name Supplement or Name Credit cand Condor's Name Supplement or Name Credit cand Condor Name Supplement or Name Supplement or Name Condor's Name Supplement or Name Condor's Name Supplement or Name Condor's Name Supplement or Name Condor's Name Cone of Name Supplement or Name Condor's Name Condor's Name Con | ••• |
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| Within 1 year before you filed for bankruptcy, was any of your property in the possession of an as creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more the No Yes, Fill in the details for each gift. Gifts with a total value of more than \$500 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Describe the gifts | |
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| Number Street | SS |
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| City State ZIP Code | SS |
| Person's relationship to you | SS |

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| First Name Middle Name | Last N | Name | | Case nun | nber (# known)_ | | · | |
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| Within 2 years before you filed for ☑ No | bankrupt | tcy, did von aiv | e any olffe e- | mm4=ili41 | | | | |
| · | | | it Anto OL (| Milw SNOIJUGITUGO | a total valu | e of more t | han \$600 | to any cha |
| Yes. Fill in the details for each gi | ift or contri | ibution. | | | | | | |
| Gifts or contributions to charities | | · (| | in de la companya de la companya de la companya de la companya de la companya de la companya de la companya de | ng banda | | | |
| that total more than \$600 | ` . | Describe what y | ou contributed | | | Date you | | Value . |
| | - | | the same of the sa | | | contribute | | |
| Charity's Name | | | | | | | | |
| Originy's reality | | | | | | | _ | 5 |
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| City State ZIP Code | | | | | | | | |
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| | | | | | | | | No. |
| List Certain Losses | | | | | | ٠ | | |
| No | | Describe any insu | rance coverage | for the loss | | ate of your | n in in | |
| Yes. Fill in the details. | , D | Describe any insu | rance coverage | for the loss | | | n in in | ue of prope |
| No Yes. Fill in the details. | , D | Describe any insu | rance coverage | for the loss | | ate of your | Val | ue of prope |
| Yes. Fill in the details. | , D | Describe any insu | rance coverage | for the loss | | ate of your | Val | ue of prope |
| Yes. Fill in the details. | , D | Describe any insu | rance coverage | for the loss | | ate of your | Val | ue of prope |
| ithin 1 year before you filed for bassaster, or gambling? No Yes. Fill in the details. Describe the property you lost and how the loss occurred | , D | Describe any insu | rance coverage | for the loss | | ate of your | Val | ue of prope |
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| | Description and value of any proper | rty transferred | | Amount of payment |
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| Person Who Was Paid | or the second se | | s | |
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| Number Street | · | | | |
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| City State ZIP Code | - | | | |
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| | | | | |
| Email or website address | | | | |
| | | 4 | | |
| Person Who Made the Payment, if Not You | | | | |
| o not include any payment or transfer that y | you listed on line 16. | | · | |
| Yes. Fill in the details. | | | e a transferancia de la composición | |
| | Description and value of any proper | ty transferred | Date payment or A | mount of payn |
| | | | transfer was made | |
| Person Who Was Paid | | | Inaue | |
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| Number Street | | | 1 5 | |
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| City State ZIP Code Vithin 2 years before you filed for bankru | | se transfer any property | \$ to anyone, other than | property |
| City State ZiP Code | business or financial affairs? made as security (such as the grantinave already listed on this statement. | | nortgage on your prope | rty). |
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| Debtor 1 | First Name Middle Name Last N | Marse | Case number (if known |) | |
|------------|---|--|--|--|--|
| | | TO THE STATE OF TH | | | _ |
| | | | | | • |
| 19. Wit | thin 10 years before you filed for bankrupe a beneficiary? (These are often called as | ptcy, did you transfer any proper sset-protection devices.) | ty to a self-settled trust | or similar device of w | hich you |
| | No | | | | |
| | Yes. Fill in the details. | | | , | • ' |
| | | Description and value of the prope | | | Date transfer was made |
| | | | | | |
| | Name of trust | | | | |
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| <i>:</i> . | | | THE WATER AND A STREET AND A STREET AND A STREET ASSESSED. | # # # # # # # # # # # # # # # # # # # | |
| | | | | | |
| | 8: List Certain Financial Accounts | | | | |
| | thin 1 year before you filed for bankrupto | cy, were any financial accounts o | or instruments held in yo | ur name, or for your l | benefit, |
| cio | sed, sold, moved, or transferred? | | | , · · · · · · · · · · · · · · · · · · · | |
| Inc | clude checking, savings, money market, o | or other financial accounts; certi | ficates of deposit; share | s in banks, credit uni | ons, |
| | okerage houses, pension funds, coopera | tives, associations, and other tir | iancial institutions. | | |
| | No | | | • | |
| البا | Yes. Fill in the details. | the state of the second section is | en en en en en en en en en en en en en e | en de tropo este con territorio. | is great at the color of the property |
| | | Last 4 digits of account number | Type of account or | Date account was | Last balance before |
| | | | instrument | closed, sold, moved, | closing or transfer |
| • | | | • | or transferred | A STATE OF THE STA |
| | Name of Financial Institution | | | | |
| | | xxxx | Checking | | \$ |
| | Number Street | | ☐ Savings | | |
| | | | ☐ Money market | | |
| ٠ | | | ☐ Brokerage | ÷ | |
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| | | MAPPINE THE CONTRACT | Utner | w. And the first the second of | |
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| 1 | Name of Financial Institution | XXXX | Checking | | \$ |
| | | | ☐ Savings | | · |
| | Number Street | | Money market | | |
| | | | ☐ Brokerage | | |
| | | | Other | | |
| | City State ZIP Code | | □ Other | * | |
| ~ . Do. | | | | ٠. | ·. |
| 21. DO 3 | you now have, or did you have within 1 y curities, cash, or other valuables? | ear before you filed for bankrup | tcy, any safe deposit box | x or other depository | for |
| Sec. | | | | | · |
| | Yes. Fill in the details. | • | | | |
| _ | 1 bo, t in at the deather | this also bed assess to \$12 | Donnelle the o | | |
| | | Who else had access to it? | Describe the co | ontents | Do you still have it? |
| | | • | 5 110 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | | | | □ No |
| | Name of Financial Institution | Name | | | ☐ Yes |
| - | | | and or control | | y day punk ti angles |
| | Number Street | Number Street | <u> </u> | | er element of |
| | | | | | - |
| | | City State ZIP Code | | | |
| 100 | City State ZIP Code | | | | |

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| First Name Middle Name | Last Name | | number (# known) | ************************************** | | |
|---|---|--|--|--|--|--|
| | | | | | | |
| Have you stored property in a storage ur | nit or place other than your hom | e within 1 year b | efore you filed for b | ankruptcy? | | |
| Yes. Fill in the details. | | | | | | |
| res. Fill in the details. | | | | | J. 1989 | |
| • | Who else has or had access to | o it? | Describe the contents | | | Do you sti have it? |
| | | Ĭ | | | | HAVE ILI |
| Name of Storage Facility | Name | | | | *************************************** | ☐ No |
| Taking of Civings (Berny | realist. | | | | | ☐ Yes |
| Number Street | Number Street | | | | | |
| | | | | | | |
| | CityState ZIP Code | | | | | |
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| 10.9: Identify Property You Hole | d or Control for Someone El | lea | | • | | |
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| Do you hold or control any property that or hold in trust for someone. | someone else owns? Include a | any property you | borrowed from, are | storing for, | | |
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| - | unit of any release of hazardous mater | al? | |
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| No | or administrative proceeding under any | environmental law? Include se | tlements and orders. |
| Yes. Fill in the details. | | | • |
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| | | Parish the second of the secon | Employer Identification number |
| | Dustrana | Describe the nature of the business | Do not include Social Security number or ITIN. |
| | Business Name | ** | EIN: |
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| 28. Witl | nin 2 years before you filed for bankrupt | cy, did you give a financial statement to anyone at | out your husiness? Include all financial |
| inst | itutions, creditors, or other parties. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
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| , LJ | Yes. Fill in the details below. | | |
| | | Date issued | |
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| Part 12 | T Sign Below | | * |
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| in c | wers are true and correct, I understand | of Financial Affairs and any attachments, and I dec that making a faise statement, concealing property esult in fines up to \$250,000, or imprisonment for t | or obtaining manay or proporty by forced |
| × | | \$ c | |
| | Signature of Debtor 1 | Signature of Debtor 2 | |
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| | | Date etement of Financial Affairs for Individuals Filing fo | r Rankryntov (Official Form 407) |
| | No | our of the state o | Ballkruptcy (Official Form 107)? |
| . — | Yes | | |
| | | | |
| Did | you pay or agree to pay someone who is | s not an attorney to help you fill out bankruptcy for | rms? |
| Q 1 | No. | | |
| !! \ | es. Name of person | Attach Declar | the Bankruptcy Petition Preparer's Notice, ation, and Signature (Official Form 119). |
| | | 2000 | , and Orginature (Omolai FORTI 1 (9). |

| Debtor 1 | Flower | Lajuana | Robinson |
|---------------------|---------------------------|-------------|-----------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| Jnited States E | Bankruptcy Court for the: | District of | |
| Case number | | | |

Check if this is an amended filing

12/15

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the prope as exempt on Schedule |
|---|---|--|
| Creditor's name: Hope Community Credit Union Description of Single Family Home property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | ✓ No ☐ Yes |
| Creditor's name: Keesler federal credit Union Description of Car property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | ☑ No ☐ Yes |
| Creditor's name: American Credit Acceptance Description of Car property securing debt: | ☑ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | ☑ No ☐ Yes |
| Creditor's ame: Lichtman Eisen Partners Pescription of Car roperty ecuring debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | ☑ No ☐ Yes |

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| Describe your unexpired personal property leases Lessor's name: Description of leased property: Lessor's name: Description of leased property: Lessor's name: | Will the lease be assumed? No Yes No Yes |
|--|--|
| Description of leased property: Lessor's name: Description of leased property: Lessor's name: | ☐ Yes |
| property: Lessor's name: Description of leased property: Lessor's name: | □ No |
| Description of leased property: _essor's name: | |
| Description of leased property: | Yes |
| Lessor's name; | |
| | □ No |
| Description of leased property: | ☐ Yes |
| _essor's name: | □ No |
| Description of leased property: | Yes |
| essor's name: | □ No |
| Description of leased roperty: | Yes |
| essor's name: | ☐ No ₂. |
| escription of leased roperty: | Yes |
| essor's name: | □ No |
| escription of leased roperty: | Yes |